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**Payroll payments form**

**This form should only be used for one-off payments for unscheduled or non-contracted work.**

**All payments must be authorised by the budget holder and rates of pay must be in line with the** [**University’s pay scales**](https://staff.londonmet.ac.uk/employment-support/pensions-and-payroll/pay-grades-and-scales/)**.**

**This form must not be used for ongoing regular scheduled work.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** (please complete **all** the below sections) | | | | | | | | | | | | |
| Title: |  | | First name: | | |  | | | Surname: |  | | |
| Home address: |  | | | | | | | | | | | |
| Email address\*: |  | | | | | | | | Tel: |  | | |
| NI number: |  | | | | | | | | Date of birth: |  | | |
| **Payment details** (please complete **all** the below sections) | | | | | | | | | | | | |
| Name of bank/ building society: |  | | | | | | | | Sort code: |  | | |
| Branch name: |  | | | | | | | | Account no: |  | | |
| Signed: |  | | | | | | | | Date: |  | | |
|  | | | | | | | | | | | | |
| **Appointment details** | | | | | | | | | | | | |
| External Examiner/Reader | | | | External Invigilator | | | Other (please specify) | | | |  | |
| Department/School: | |  | | | | | | | Section: | |  | |
|  | | | | | | | | | | | | |
| **Details of work/fee/expense**  (i.e. course title/ref no, nature of work carried out, student name) | | | | | **Date and time**  (if applicable) | | | **Total hours**  (if applicable) | | | | **Rate of pay/expense or fee amount** |
|  | | | | |  | | |  | | | |  |
|  | | | | |  | | |  | | | |  |

**Eligibility to undertake work in the UK**

|  |  |  |
| --- | --- | --- |
| Right to work in the UK documentation checked and verified by: |  | (Name) |
| Signed, named and dated copies of the original documentation **must** be attached to this form. | | |

**Please note:** This payment form will be rejected and payments will not be processed if all the relevant documentation (as listed below) has not been provided

|  |  |
| --- | --- |
|  | Copy of right to work document(s) (Signed, named and dated) |
|  | Document confirming National insurance (NI) number |

**Authorisation by Department/School**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget code: |  | HESA academic cost centre: | |  |
| Budget holder name: |  |  | | |
| Budget holder signature: |  | Date: |  | |